

PLEA

Defendant's Name _____ Date of Birth _____ Citation # _____

Current Address _____

Daytime Phone (____) _____

Plea (Check One):

_____ **No Contest** _____ Payment in Full _____ Check or money order payable to
Municipal Court.

Charge: _____ Visa _____ MC Card No: _____

Full Amount paid \$ _____ Signature _____

_____ **Not Guilty** An order for Pretrial Conference will be mailed to you.

Mail to: Municipal Court, 1315 N. 23rd Street, Suite 102, Sheboygan, WI 53081

Include a copy of your citation or the defendant's name and citation number.